FRAMEWORK FOR ANNUAL REPORT OF STATE CHILDREN'S HEALTH INSURANCE PLANS UNDER TITLE XXI OF THE SOCIAL SECURITY ACT

Preamble

Section 2108(a) of the Act provides that the State must assess the operation of the State child health plan in each fiscal year, and report to the Secretary, by January 1 following the end of the fiscal year, on the results of the assessment. In addition, this section of the Act provides that the State must assess the progress made in reducing the number of uncovered, low-income children.

To assist states in complying with the statute, the National Academy for State Health Policy (NASHP), with funding from the David and Lucile Packard Foundation, has coordinated an effort with states to develop a framework for the Title XXI annual reports.

The framework is designed to:

Recognize the ***diversity*** of State approaches to SCHIP and allow States ***flexibility*** to highlight key accomplishments and progress of their SCHIP programs, **AND**

- Provide ***consistency*** across States in the structure, content, and format of the report, **AND**
- Build on data ***already collected*** by HCFA quarterly enrollment and expenditure reports, **AND**
- Enhance ***accessibility*** of information to stakeholders on the achievements under Title XXI.

FRAMEWORK FOR ANNUAL REPORT
OF STATE CHILDREN'S HEALTH INSURANCE PLANS
UNDER TITLE XXI OF THE SOCIAL SECURITY ACT

State/Territory: **West Virginia**
(Name of State/Territory)

The following Annual Report is submitted in compliance with Title XXI of the Social Security Act (Section 2108(a)).

(Signature of Agency Head)

SCHIP Program Name (s) West Virginia Children's Health Insurance Program

SCHIP Program Type ____Medicaid SCHIP Expansion Only
____Separate SCHIP Program Only
__X__Combination of the above

Reporting Period **Federal Fiscal Year 2000 (10/1/99-9/30/00)**

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SECTION 1. DESCRIPTION OF PROGRAM CHANGES AND PROGRESS

This sections has been designed to allow you to report on your SCHIP program=s changes and progress during Federal fiscal year 2000 (September 30, 1999 to October 1, 2000).

1.1 Please explain changes your State has made in your SCHIP program since September 30, 1999 in the following areas and explain the reason(s) the changes were implemented.

Note: If no new policies or procedures have been implemented since September 30, 1999, please enter ›NC: for no change. If you explored the possibility of changing/implementing a new or different policy or procedure but did not, please explain the reason(s) for that decision as well.

A. Program eligibility **Effective 10/16/2000, the income limit will be increased from 150% to 200%.**

B. Enrollment process **N/C**

C. Presumptive eligibility **N/C**

D. Continuous eligibility **As of 10/16/2000, 12 month continuous eligibility will be in effect**.

E. Outreach/marketing campaigns **N/C**

F. Eligibility determination process **N/C**

G. Eligibility redetermination process **N/C**

H. Benefit structure **N/C**

I. Cost-sharing policies **Effective 10/16/2000, families with income levels between 150% - 200% FPL will incur co-pays**.

J. Crowd-out policies **Families with health insurance premiums greater than 10% can waive the 6-month waiting period**.

K. Delivery system **N/C**

L. Coordination with other programs (especially private insurance and Medicaid) **N/C**

M. Screen and enroll process **N/C**

N. Application **We continuously work to simplify the joint application.**

O. Other

1.2 Please report how much progress has been made during FFY 2000 in reducing the number of uncovered, low-income children.

A. Please report the changes that have occurred to the number or rate of uninsured, low-income children in your State during FFY 2000. Describe the data source and method used to derive this information. **Our enrollment figures are actually above the Lewin Group projection of uninsured children who would enroll. We have enrolled over 100% of the target population. Effective October, 2000, the income limit will increase to 200% FPL. This will reach the population which has limited insurance coverage.**

B. How many children have been enrolled in Medicaid as a result of SCHIP outreach activities and enrollment simplification? Describe the data source and method used to derive this information. **Five thousand, eight hundred and forty four (5,844) have been enrolled in Medicaid. The joint application determines whether the applicant is eligible for Medicaid or CHIP.**

C. Please present any other evidence of progress toward reducing the number of uninsured, low-income children in your State. **The WV CHIP program has enrolled 12,023 children in the program exceeding the projection of 11,463.**

D. Has your State changed its baseline of uncovered, low-income children from the number reported in your March 2000 Evaluation?

X No, skip to 1.3

____ Yes, what is the new baseline?

What are the data source(s) and methodology used to make this estimate?

What was the justification for adopting a different methodology?

What is the State=s assessment of the reliability of the estimate? What are the limitations of the data or estimation methodology? (Please provide a numerical range or confidence intervals if available.)

Had your state not changed its baseline, how much progress would have been made in reducing the number of low-income, uninsured children?

1.3 Complete Table 1.3 to show what progress has been made during FFY 2000 toward achieving your State=s strategic objectives and performance goals (as specified in your State Plan).

In Table 1.3, summarize your State=s strategic objectives, performance goals, performance measures and progress towards meeting goals, as specified in your SCHIP State Plan. Be as specific and detailed as possible. Use additional pages as necessary. The table should be completed as follows:

Column 1:	List your State=s strategic objectives for your SCHIP program, as specified in your State Plan.
Column 2:	List the performance goals for each strategic objective.
Column 3:	For each performance goal, indicate how performance is being measured, and progress towards meeting the goal. Specify data sources, methodology, and specific measurement approaches (e.g., numerator, denominator). Please attach additional narrative if necessary.

Note: *If no new data are available or no new studies have been conducted since what was reported in the March 2000 Evaluation, please complete columns 1 and 2 and enter ANC@ (for no change) in column 3.*

Phase I		
(1) Strategic Objectives (as specified in Title XXI State Plan and listed in your March Evaluation)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify data sources, methodology, time period, etc.)
OBJECTIVES RELATED TO REDUCING THE NUMBER OF UNINSURED CHILDREN		
1. Expand Medicaid program eligibility to uninsured children ages 1-5 with incomes equal to or less than 150% FPL.	**Goals:** The WV Medicaid Agency will continue to offer Medicaid to all eligible children under Phase I expansion.	**Data Sources:** Household Income and Tax Simulation Model and Current Population Survey **Methodology:** Pooled 1995 and 1996 WV sub-sample of the CPS **Progress:** As of September 30, 2000, the Phase I program has reduced the percentage of reported uninsured children by over 100%.
OBJECTIVES RELATED TO SCHIP ENROLLMENT		

2. Children eligible for the WV Title XXI program will be identified through ongoing and new outreach activities.	**Goals:** New outreach efforts will be implemented.	**Data Sources:** Internal outreach data/Healthy Kids Coalition **Methodology:** Provide families access to a CHIP Coordinator and to the toll-free WV CHIP hotline. **Progress Summary:** Fourteen (14) CHIP outreach workers were hired by the Healthy Kids Coalition: Toll-free phone line continues to receive inflow of calls. Also, Family Matters hotline established to receive hotline calls after hours.
OBJECTIVES RELATED TO INCREASING MEDICAID ENROLLMENT		
3. Uninsured children who have income equal to or less than 150% of the FPL will have health insurance coverage.	**Goals:** Use of the joint application for Medicaid and CHIP will result in a decrease in the number of uninsured children	**Data Sources:** Lewin Group estimates **Methodology:** Number of children reported eligible by Lewin Group estimates **Progress Summary:** As of September 30, 2000, five thousand, one hundred and thirty eight (5,138) children were enrolled in Medicaid through the use of a joint application.
OBJECTIVES RELATED TO INCREASING ACCESS TO CARE (USUAL SOURCE OF CARE, UNMET NEED)		

4. Children who are enrolled in WV's Title XXI program will have accessible health care.	**Goals:** Beginning July 1, 1998, all children who are potentially eligible, will have a system of primary care providers available for immediate access.	**Data Sources:** Internal reporting of providers **Methodology:** Number of providers providing care on January, 2001 **Progress Summary:** Three thousand, nine hundred (3,900) providers are currently treating children.
OBJECTIVES RELATED TO USE OF PREVENTIVE CARE (IMMUNIZATIONS, WELL-CHILD CARE)		
5. CHIP will result in improved health of the children enrolled.	**Goals:** Over time, children in the program will show an increase in access and usage of health care services	**Data Sources:** Internal provider data satisfaction survey **Methodology:** Four thousand (4,000) members were sent satisfaction surveys by mail, addressing access to care by March 31, 2000. **Progress Summary:** Sixty percent of survey respondents reported a usual source of care

OBJECTIVES RELATED TO REDUCING THE NUMBER OF UNINSURED CHILDREN		
1. Expand eligibility to uninsured children ages 6-18 with incomes equal to or less than 150% of the FPL (administered through PEIA).	**Goals:** The Public Employee's Insurance Agency (PEIA) will offer Title XXI benefits to 10,000 children.	**Data Sources:** Recipient Automated Payment Informat **Methodology:** Count of those that were active as of Se **Progress Summary:** As of September 30, 2000, the Pl the percentage of uninsured children by 100%.

OBJECTIVES RELATED TO SCHIP ENROLLMENT		
2. Uninsured children ages 6-18 who are eligible for WV Title XXI program will be identified through ongoing and new outreach activities.	**Goals:** New initiatives and ongoing outreach efforts will be implemented.	**Data Sources:** Internal outreach data/Healthy Kids Coalition **Methodology:** Provide families access to CHIP Coordinator and toll-free WV CHIP hotline **Progress Summary:** Fourteen (14) CHIP outreach workers were hired by the Healthy Kids Coalition: Toll-free phone line continues to receive influct of calls. Also, Family Matters hotline established to receive hotline calls after hours.
OBJECTIVES RELATED TO INCREASING ACCESS TO CARE (USUAL SOURCE OF CARE, UNMET NEED)		
3. Children who are enrolled in WV's Title XXI program will have accessible health care.	**Goals:** Children who are enrolled in CHIP will have an accessible health care source.	**Data Sources:** Internal reporting of providers **Methodology:** Number of providers providing care on January 2001 **Progress Summary:** Three thousand, nine hundred (3,900) providers are currently treating children.
OBJECTIVES RELATED TO USE OF PREVENTIVE CARE (IMMUNIZATIONS, WELL-CHILD CARE)		
4. CHIP will result in improved health of the children enrolled.	**Goals:** Over time children in the program will show and increase in access and usage of health care services	**Data Sources:** Internal provider data satisfaction survey **Methodology:** Four thousand (4,000) members were sent satisfaction surveys by mail, addressing access to care by March 31, 2000. **Progress Summary:** Sixty percent of survey respondents reported a usual source of care.

Narrative for Performance Goals for Table 1.3

Goal #1: Actual performance has been very successful; we are well above the Lewin Group projection of uninsured children. We currently have enrolled 100% of the uninsured children for both Phases. This success is attributed to our community-based outreach efforts.

Goal #2: Outreach-A stakeholders group has been formed to develop an overall plan for marketing WV CHIP. Representatives include legislative staff, Healthy Kids Coalition, West Virginia Hospital Association, the Department of Health and Human Resources, Governor's Cabinet on Children and Families and the West Virginia Association of Social Workers.

We have a notation on the Free and Reduced School Lunch form that a parent can check if they wish further information about WV CHIP. This also has contributed to our success, as we have received thousands of requests for information and have been able to enroll children as a result of this advertising. We have mailed between 5,000 and 7,000 forms for 1999 school years. For the 2000 school year, we have sent out over 10,000.

Goal #3: See narrative on Goal #1.

Goal #4: We sent a satisfaction survey which addressed access issues; the response showed that 60% of those enrolled are accessing health care. WV CHIP follows the Medicaid fee schedule for dental reimbursement rates. As of January 1, 2001, the Medicaid fee schedule was increased. This increased the acceptance of WV CHIP by West Virginia dentists.

Goal #5: Currently, we are working with Intracorp, our utilization management company, to develop mechanisms that will assure access and usage of healthcare services. Case management activities are coordinated between Intracorp's nurses and the Office of Maternal, Child and Family Health (OMCFH). In addition, reports are sent to OMCFH when a WV CHIP child incurs a claim for a family planning service. OMCFH discreetly follows up to determine if a pregnancy is suspected or has been confirmed and to assess what needs the child may have.

Future Direction: We are looking at alternatives to the outreach process to include/utilize the school system more effectively. Also, a statewide radio advertising campaign was launched in November, 2000.

The Board of Directors of WV CHIP voted in December, 1999 to amend the State Plan to expand the program from the current limit of 150% of the Federal Poverty Level (FPL) to 200%. This will be a major program expansion and would increase the number of eligible children to about 26,000. This change will take place October, 2000.

1.4 If any performance goals have not been met, indicate the barriers or constraints to meeting them.. **N/A**

1.5 Discuss your State's progress in addressing any specific issues that your state agreed to assess in your State plan that are not included as strategic objectives. **N/A**

1.6 Discuss future performance measurement activities, including a projection of when additional data are likely to be available. **We are currently working with our utilization management contractor to compare WV CHIP data for the 2001 fiscal year to benchmark data. We will conduct another enrollee satisfaction survey in March/April 2001.**

1.7 Please attach any studies, analyses or other documents addressing outreach, enrollment, access, quality, utilization, costs, satisfaction, or other aspects of your SCHIP program=s performance. Please list attachments here. WV CHIP postcard, insert, Ryan McGinn study and customer satisfaction survey.

SECTION 2. AREAS OF SPECIAL INTEREST

This section has been designed to allow you to address topics of current interest to stakeholders, including; states, federal officials, and child advocates.

2.1 Family coverage:

A. If your State offers family coverage, please provide a brief narrative about requirements for participation in this program and how this program is coordinated with other program(s). Include in the narrative information about eligibility, enrollment and redetermination, cost sharing and crowd-out. **N/A**

B. How many children and adults were ever enrolled in your SCHIP family coverage program during FFY 2000 (10/1/99 - 9/30/00)?

Number of adults **N/A**
Number of children

C. How do you monitor cost-effectiveness of family coverage? **N/A**

2.2 Employer-sponsored insurance buy-in:

A. If your State has a buy-in program, please provide a brief narrative about requirements for participation in this program and how this program is coordinated with other SCHIP program(s). **N/A**

B. How many children and adults were ever enrolled in your SCHIP ESI buy-in program during FFY 2000?

Number of adults **N/A**
Number of children **N/A**

2.3 Crowd-out:

A. How do you define crowd-out in your SCHIP program?
Having insurance 6 months before application date

B. How do you monitor and measure whether crowd-out is occurring?
Records match, cross reference

C. What have been the results of your analyses? Please summarize and attach any available reports or other documentation. **We have found isolated instances.**

D. Which anti-crowd-out policies have been most effective in discouraging the substitution of public coverage for private coverage in your SCHIP program? Describe the data source and method used to derive this information. **Records match**

2.4 Outreach:

A. What activities have you found most effective in reaching low-income, uninsured children? **The coordination with the school lunch program has been the most effective in reaching low-income children.** How have you measured effectiveness? **Callers of the toll-free hotline number are asked how they heard about WV CHIP.**

B. Have any of the outreach activities been more successful in reaching certain populations (e.g., minorities, immigrants, and children living in rural areas)? How have you measured effectiveness? **The Healthy Kids Coalition provides a forum for a consortium of over 100 groups to share ideas about outreach. The Coalition sponsors outreach workers funded through private grants and coordinates activities with other groups, such as the Family Resource Networks, Americorps and other advocates. There is no "one-size, fits all" approach. Rather, the community-based workers develop an approach which fits their area. This involves working with schools, physicians and employers at the local level. West Virginia's enrollment progress ranks 10th in the nation based on HCFA's September, 2000 state data. We believe this reflects the success of our community-based approach.**

C. Which methods best reached which populations? How have you measured effectiveness?
See answer to B. above

2.5 Retention:

A. What steps are your State taking to ensure that eligible children stay enrolled in Medicaid and SCHIP? **12 month continuous eligibility**

B. What special measures are being taken to reenroll children in SCHIP who disenroll, but are still eligible?

_**X**_ Follow-up by caseworkers/outreach workers
_**X**_ Renewal reminder notices to all families
____ Targeted mailing to selected populations, specify population _____
____ Information campaigns
____ Simplification of re-enrollment process, please describe _____
____ Surveys or focus groups with disenrollees to learn more about reasons for disenrollment, please describe_____
____ Other, please explain_____

C. Are the same measures being used in Medicaid as well? If not, please describe the differences. **Yes**

D. Which measures have you found to be most effective at ensuring that eligible children stay enrolled? **12 month continuing eligibility**

E. What do you know about insurance coverage of those who disenroll or do not reenroll in SCHIP (e.g., how many obtain other public or private coverage, how many remain uninsured?) Describe the data source and method used to derive this information.
Our program is too new to have accurate date regarding this issue.

2.6 Coordination between SCHIP and Medicaid:

A. Do you use common application and redetermination procedures (e.g., the same verification and interview requirements) for Medicaid and SCHIP? Please explain.
Yes. Workers in the local offices of the Department of Health and Human Services review the mail-in application and also interview applicants. They determine which program the family may be eligible for. No face-to-face interview is required to apply for a child for either Medicaid or WV CHIP, nor is an asset test required. Income must be verified to be eligible for either program.

B. Explain how children are transferred between Medicaid and SCHIP when a child=s eligibility status changes. **When status changes, a letter is sent out letting the applicant know that they are eligible for another insurance plan and that they can elect to change or stay for remainder of the 12 months. Upon receipt of the letter indicating they wish to change, the integrated eligibility system is updated and the change is communicated to the third party administrators.**

C. Are the same delivery systems (including provider networks) used in Medicaid and SCHIP? Please explain. **WV CHIP reimburses any willing provider. Medicaid offers managed care as an option in certain locations.**

2.7 Cost Sharing:

A. Has your State undertaken any assessment of the effects of premiums/enrollment fees on participation in SCHIP? If so, what have you found? **As of October, 2000, the FPL will increase to 200% and those enrolled will incur co-pays with limits based on number of children covered In the 2001 report, we will have sufficient data to answer the question**.

B. Has your State undertaken any assessment of the effects of cost-sharing on utilization of health service under SCHIP? If so, what have you found?
N/A

2.8 Assessment and Monitoring of Quality of Care:

A. What information is currently available on the quality of care received by SCHIP enrollees? Please summarize results. **Over 4,000 members were sent satisfaction surveys. Sixty percent of survey respondents reported usual source of care in 1999.**

B. What processes are you using to monitor and assess quality of care received by SCHIP enrollees, particularly with respect to well-baby care, well-child care, immunizations, mental health, substance abuse counseling and treatment and dental and vision care?
We conduct an enrollee satisfaction survey each year.

C. What plans does your SCHIP program have for future monitoring/assessment of quality of care received by SCHIP enrollees? When will data be available? **We are currnetly working with our utilization management contractor to compare WV CHIP data for the 2001 fiscal year to benchmark data. We expect to undertake that analysis in August 2001. We will conduct our annual enrollee satisfaction survey in March 20001 and expect to have results tabulated by September 2001.**

SECTION 3. SUCCESSES AND BARRIERS

This section has been designed to allow you to report on successes in program design, planning, and implementation of your State plan, to identify barriers to program development and implementation, and to describe your approach to overcoming these barriers.

3.1 Please highlight successes and barriers you encountered during FFY 2000 in the following areas. Please report the approaches used to overcome barriers. Be as detailed and specific as possible.

Note: If there is nothing to highlight as a success or barrier, Please enter "NA" for not applicable.

A. Eligibility - **once approved, coverage now begins first day of month of application**

B. Outreach- **increased number of applications sent out by 100%**

C. Enrollment - **N/A**

D. Retention/disenrollment - **N/A**

E. Benefit structure- **N/A**

F. Cost-sharing- **N/A**

G. Delivery system- **N/A**

H. Coordination with other programs- **joint medicaid/CHIP application is processed by the same workers who determine Medicaid eligibility**

I. Crowd-out- **The application process captures the majority of kids, then PEIA does a social security number cross match. Very few cases are discovered.**

J. Other

SECTION 4. PROGRAM FINANCING

This section has been designed to collect program costs and anticipated expenditures.

4.1 Please complete Table 4.1 to provide your budget for FFY 2000, your current fiscal year budget, and FFY 2002 projected budget. Please describe in narrative any details of your planned use of funds.
(Note: Federal Fiscal Year 2000 starts 10/1/99 and ends 9/30/00).

	Federal Fiscal Year 2000 costs	Federal Fiscal Year 2001	Federal Fiscal Year 2002
Benefit Costs			
Insurance payments			
Managed care			
per member/per month rate X # of eligibles			
Fee for Service	8,676,686	19,441,549	32,198,299
Total Benefit Costs	8,676,686	19,441,549	32,198,299
(Offsetting beneficiary cost sharing payments)		1,309,679	3,174,408
Net Benefit Costs	8,676,686	18,131,870	29,023,891
Administration Costs			
Personnel	143,000	200,000	210,000
General administration	62,904	63,000	66,150
Contractors/Brokers (e.g., enrollment contractors)	360,000	720,000	756,000
Claims Processing	330,000	1,336,000	1,515,150
Outreach/marketing costs		600,000	200,000

Other	**290,581**	**200,000**	
Total Administration Costs	**1,186,485**	**3,119,000**	**2,747,300**
10% Administrative Cost Ceiling	**986,317**	**2,125,087**	**3,177,119**
Federal Share (multiplied by enhanced FMAP rate)	**82.35**	**82.74**	**82.74**
State Share	**1,740,850**	**4,748,330**	**5,483,708**
	9,863,171	**21,250,870**	**31,771,191**

4.2 Please identify the total State expenditures for family coverage during Federal fiscal year 2000. **N/A**

4.3 What were the non-Federal sources of funds spent on your CHIP program during FFY 2000?

__**X**__ State appropriations
_____ County/local funds
_____ Employer contributions
_____ Foundation grants
__**X**__ Private donations (such as United Way, sponsorship)
_____ Other (specify) _____

A. Do you anticipate any changes in the sources of the non-Federal share of plan expenditures. **No**

SECTION 5: SCHIP PROGRAM AT-A-GLANCE

This section has been designed to give the reader of your annual report some context and a quick glimpse of your SCHIP program.

5.1 To provide a summary at-a-glance of your SCHIP program characteristics, please provide the following information. If you do not have a particular policy in-place and would like to comment why, please do. (Please report on initial application process/rules)

Table 5.1	Medicaid Expansion SCHIP program	Separate SCHIP program
Program Name	**West Virginia Children's Health Insurance Program (WV CHIP)**	**West Virginia Children's Health Insurance Program (WV CHIP)**
Provides presumptive eligibility for children	__X__ No _____ Yes, for whom and how long?	__X__ No _____ Yes, for whom and how long?
Provides retroactive eligibility	__X__ No _____ Yes, for whom and how long?	__X__ No _____ Yes, for whom and how long?
Makes eligibility determination	__X__ State Medicaid eligibility staff _____ Contractor _____ Community-based organizations _____ Insurance agents _____ MCO staff _____ Other *(specify)* _____	__X__ State Medicaid eligibility staff _____ Contractor _____ Community-based organizations _____ Insurance agents _____ MCO staff _____ Other *(specify)* _____
Average length of stay on program	Specify months __**5.1**__	Specify months __**5.9**__
Has joint application for Medicaid and SCHIP	_____ No __X__ Yes	_____ No __X__ Yes
Has a mail-in application	_____ No __X__ Yes	_____ No __X__ Yes
Can apply for program over phone	__X__ No _____ Yes	__X__ No _____ Yes
Can apply for program over internet	_____ No __X__ Yes	_____ No __X__ Yes
Requires face-to-face interview during initial application	__X__ No _____ Yes	__X__ No _____ Yes

Table 5.1	Medicaid Expansion SCHIP program	Separate SCHIP program
Requires child to be uninsured for a minimum amount of time prior to enrollment	__x__ No _____ Yes, specify number of months _____ What exemptions do you provide?	_____ No __x__ Yes, specify number of months ____6____ What exemptions do you provide? **Good cause exemptions**
Provides period of continuous coverage regardless of income changes	__x__ No _____ Yes, specify number of months _____ Explain circumstances when a child would lose eligibility during the time period	_____ No __x__ Yes, specify number of months __12____ Explain circumstances when a child would lose eligibility during the time period
Imposes premiums or enrollment fees	__x__ No _____ Yes, how much? _____ Who Can Pay? ___ Employer ___ Family ___ Absent parent ___ Private donations/sponsorship ___ Other (specify) _____	__x__ No _____ Yes, how much? _____ Who Can Pay? ___ Employer ___ Family ___ Absent parent ___ Private donations/sponsorship ___ Other (specify) _____
Imposes copayments or coinsurance	__x__ No _____ Yes	__x__ No _____ Yes
Provides preprinted redetermination process	__x__ No _____ Yes, we send out form to family with their information precompleted and: ___ ask for a signed confirmation that information is still correct ___ do not request response unless income or other circumstances have changed	__x__ No _____ Yes, we send out form to family with their information and: ___ ask for a signed confirmation that information is still correct ___ do not request response unless income or other circumstances have changed

5.2 Please explain how the redetermination process differs from the initial application process. **The enrollee is automatically sent a letter requesting updated information prior to the last month of coverage.**

SECTION 6: INCOME ELIGIBILITY

This section is designed to capture income eligibility information for your SCHIP program.

6.1 As of September 30, 2000, what was the income standard or threshold, as a percentage of the Federal poverty level, for countable income for each group? If the threshold varies by the child=s age (or date of birth), then report each threshold for each age group separately. Please report the threshold after application of income disregards.

Title XIX Child Poverty-related Groups or Section 1931-whichever category is higher	**150%** of FPL for children under age __**1**___ **133%** of FPL for children aged ___**1-5**_____ **100%** of FPL for children aged ___**6-18**____
Medicaid SCHIP Expansion	**150%** of FPL for children aged ___**1-5**_____ ____% of FPL for children aged _____ ____% of FPL for children aged _____
State-Designed SCHIP Program	**150%** of FPL for children aged __**6-18**_____ ____% of FPL for children aged _____ ____% of FPL for children aged _____

6.2 As of September 30, 2000, what types and *amounts* of disregards and deductions does each program use to arrive at total countable income? *Please indicate the amount of disregard or deduction used when determining eligibility for each program. If not applicable, enter ANA.@*

Do rules differ for applicants and recipients (or between initial enrollment and redetermination) ____ Yes __**X**__ No

If yes, please report rules for applicants (initial enrollment).

Table 6.2			
	Title XIX Child Poverty-related Groups	Medicaid SCHIP Expansion	State-designed SCHIP Program
Earnings	**$90**	$	**$90**
Alimony payments Received	$	$	$
Paid	$	$	$
Child support payments Received	**$50**	$	**$50**
Paid	$	$	$
Child care expenses	**$200under 2** **$175 over 2**	$	**$200 under 2** **$175 over 2**
Medical care expenses	$	$	$
Other types of disregards/deductions (specify)	$	$	$

6.3 For each program, do you use an asset test?

Title XIX Poverty-related Groups __**x**__No ____Yes, specify countable or allowable level of asset test_____
Medicaid SCHIP Expansion program __**x**__No ____Yes, specify countable or allowable level of asset test_____
State-Designed SCHIP program __**x**__No ____Yes, specify countable or allowable level of asset test_____
Other SCHIP program_____ ____No ____Yes, specify countable or allowable level of asset test_____

6.4 Have any of the eligibility rules changed since September 30, 2000? _X__ Yes ___ No

SECTION 7: FUTURE PROGRAM CHANGES

This section has been designed to allow you to share recent or anticipated changes in your SCHIP program.

7.1 What changes have you made or are planning to make in your SCHIP program during FFY 2001 (10/1/00 through 9/30/01)? Please comment on why the changes are planned.

A. Family coverage- **N/C**

B. Employer sponsored insurance buy-in- **N/C**

C. 1115 waiver- **N/C**

D. Eligibility including presumptive and continuous eligibility- **Effective October 16, 2000, WV CHIP enrollees are continuously eligible for 12 months. At the same time, the income limit was raised from 150% to 200% FPL.**

E. Outreach - **1) A statewide radio campaign was launched in November, 2000; 2) for the second year, parents could use a check-off box on the free/reduced school lunch forms to request an application/information; 3) brochures with CHIP information have also been distributed to pediatricians, employers, state agencies and other entities. Pharmacies throughout the state have agreed to display at their counters. Direct mail postcards were sent to 34,000 targeted households.**

F. Enrollment/redetermination process - **N/C**

G. Contracting- **N/C**

H. Other